

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
APPLICATION FOR LICENSURE
VETERINARIAN

DOPL-AP-005 REV 05/30/2001

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Please note that the address of record is public information and is available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

1. Submit an official transcript including your date of graduation from a veterinary college which held current accreditation by the Council on Education of the American Veterinary Medical Association (AVMA) at the time of your graduation.

If you submitted this documentation when applying for your Utah Intern License, you are not required to re-submit documentation of graduation from an accredited veterinary college.

If you graduated from a foreign veterinary school, submit a Certificate of Competency issued by the AVMA Educational Commission for Foreign Veterinary Graduates.

2. Submit one of the following to document that you have met the experience requirements.
 - ❑ The “Completion of Internship” form documenting that you have completed an approved internship.
 - ❑ Documentation of equivalent veterinary investigational, educational, or sanitary control work.
 - ❑ Documentation that you have practiced as a licensed veterinarian for at least 6 months.
 - ❑ Documentation that you have practiced as a veterinarian while employed by the United States government, its agencies, or the state or its political subdivisions for at least 6 months.
3. Submit official verification of having passed the following examinations.
 - ❑ The National Board Examination of the NBEC of the AVMA.
 - ❑ The Clinical Competency Test of the NBEC of the AVMA.
 - ❑ The Utah Veterinary Law and Rules Examination.
4. Using the “Request For Verification of License” form, obtain verification of licensure from every state in which you have ever been licensed as a veterinarian or veterinary intern.

Request that the verifying state(s) complete the form(s) and mail or fax them directly to the Division or return them to you for submission with your application.
5. Submit the \$100.00 non-refundable application processing fee for a Veterinary License.
6. If you are applying for a Utah controlled substance license, submit the following.
 - ❑ The original letter from Exporior documenting your passing score on the Controlled Substances Law Examination.
 - ❑ The \$90.00 non-refundable application processing fee for a Controlled Substance License.

Additional Important Information:

1. **Law and Rules Exams:** Applicants for licensure must pass the Utah Veterinary Law and Rules Examination and all applicants for a Controlled Substance License must pass the

Controlled Substances Law Examination. Contact Experior at the address and telephone number below to register for the law examinations.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

You may also purchase a study guide from Experior, which has been prepared to assist candidates taking law exams.

In addition, the following applicable laws and rules are available on the Internet at <http://www.commerce.state.ut.us/dopl/dopl1.htm>

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Veterinary Practice Act
- ☐ Veterinary Practice Act Rules
- ☐ Utah Controlled Substances Act
- ☐ Utah Controlled Substances Act Rules

2. **Controlled Substances:** You must hold a Utah controlled substance license **and** a DEA registration to administer, possess, or prescribe a controlled substance in your practice of veterinary medicine in Utah.
3. **DEA Registration:** For DEA registration information, contact the Drug Enforcement Administration at (800) 326-6900.
4. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
5. **NBE and CCT Score Transfer:** Direct all questions concerning score transfer to AAVSB (American Association of Veterinary State Boards), (877) 698-VIVA.
6. **Foreign Graduates:** Applicants who are foreign veterinary graduates must meet with the Veterinary Board before being granted a license and upon completion of all licensure requirements. The Board Secretary will contact you to schedule an interview.

Make Licensure Fees Payable To:

DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741

Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial: (801) 530-6633 or
(801) 530-6619

Utah Toll Free: (866) ASK-DOPL
(866) 275-3675

Fax Number: (801) 530-6511

APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Applying For: _____

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

APPLICATION FOR:

_____ Veterinarian License

_____ Controlled Substance License

PROFESSIONAL EDUCATION REQUIREMENT (Use additional sheets if necessary):

Name: _____ Dates Attended: _____ To _____

Location: _____

Degree Received: _____ Date of Graduation: _____

PROFESSIONAL EXAMINATION REQUIREMENT:

Answer “Yes” or “No”

_____ National Board (NBE), Date(s) Taken: _____

_____ Clinical Competency Test (CCT), Date(s) Taken: _____

_____ Utah Veterinary Law and Rules Exam, Date(s) Taken: _____

_____ Controlled Substances Law Exam, Date(s) Taken: _____

LICENSES:

List all licenses, registrations, or certifications issued by any state which you now hold or have ever held as a veterinarian or veterinary intern. Use additional sheets if necessary.

Issuing State: _____

Profession: _____

Issuing State: _____

Profession: _____

WORK EXPERIENCE AS A LICENSED VETERINARIAN:

Please list your professional work experience. Account for all periods of time since your original

licensure as a veterinarian.

IF APPLYING FOR A CONTROLLED SUBSTANCE LICENSE:

I hereby agree to comply with the laws of Utah relating to the Controlled Substance Act and Rules.

Signature of Applicant: _____

Date of Signature: _____

VETERINARIAN QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

1. ___ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. ___ Have you ever been denied the right to sit for a licensure examination?
3. ___ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. ___ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. ___ Are you currently under investigation or is any disciplinary action pending against you now by any professional licensing agency?
6. ___ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. ___ Have you ever been permitted to resign or surrender hospital or other health care facility privileges while under investigation or while action was pending against you by any health care profession licensing agency, hospital, or other health care facility or criminal or administrative jurisdiction?
8. ___ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. ___ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. ___ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any health care profession licensing agency, hospital, or other health care facility or criminal or administrative jurisdiction?
11. ___ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?

12. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility or criminal or administrative jurisdiction?
14. _____ Is any action pending against you now by either the federal Drug Enforcement Administration or any state drug enforcement agency?
15. _____ Have you been named as a defendant in a malpractice suit?

If you answered Ayes® to question 15, for each malpractice suit filed against your license, supply the data, status, disposition, amount of settlement, and a detailed description including your relationship to the patient and your role in the case.

16. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. _____ If you are licensed in the health care profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
20. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
21. _____ Have you been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or

intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.

22. _____ Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?

If you answer “yes” to question 21 or 22 you must include with your application a copy of the police report, court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past ten years.

23. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
24. _____ Have you ever been terminated from a position because of drug use or abuse?
25. _____ Have you ever been incarcerated for any reason in any Federal, State or County Correctional Facility?

If you answered “yes” to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean that you will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

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COMPLETION OF INTERNSHIP

TO BE COMPLETED BY VETERINARY INTERN:

Name of Veterinary Intern: _____

Utah Intern License Number: _____ Telephone: _____

TO BE COMPLETED BY SUPERVISING VETERINARIAN:

Name of Supervising Veterinarian: _____

Utah Veterinary License Number: _____ Telephone: _____

1. Has the Intern named above completed the required six months of internship under your supervision?

_____ Yes _____ No, explain _____

2. From what dates did the Intern start and complete his/her internship?

From _____ To _____

3. Has the Intern demonstrated good moral character?

_____ Yes _____ No, explain _____

4. Has the Intern engaged in unprofessional conduct or any act prohibited by the State of Utah?

_____ No _____ Yes, explain _____

5. Has the Intern demonstrated sufficient clinical skills to practice without supervision?

____ Yes ____ No, explain _____

6. Would you recommend this Intern for Utah Veterinary licensure?

____ Yes ____ No, explain _____

Signature of Supervising Veterinarian: _____

Date: _____

Division of Occupational and Professional Licensing
160 East 300 South, P.O.Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801-530-6511

REQUEST FOR VERIFICATION OF LICENSE

TO BE COMPLETED BY THE APPLICANT:

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the State of Utah as a _____

I am/have been licensed in your State under the name _____

My Social Security Number is _____

My Date of Birth is _____

My license number in your State is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Classification of License Issued: _____

License Number: _____

Current Status: _____

Original Date of Licensure: _____

Expiration Date: _____

Continuously Licensed:

_____ Yes _____ No, please elaborate _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement, From What State:

Examination Scores: _____

Education Required For Licensure:

Disciplinary Action or Pending Disciplinary Action:

_____ No _____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date: _____

(SEAL)